

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>MD</i>	<i>64181</i>	<i>2-25-00</i>
FORMALITY REVIEW		<i>72</i>	<i>7/5</i>
RESPONSE FORMALITY REVIEW		<i>60-500</i>	<i>7/6</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/20/02
2	11/16/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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